SAINT MATTHEW CHRISTIAN NURSERY SCHOOL

A Place for Friendship and Learning

400 LYNBROOKE ROAD, SPRINGFIELD PA 19064

PHONE: (610) 543-5589 EMAIL: STMATTSCNS@GMAIL.COM

WWW.STMATTSCNS.ORG

Dear Families,

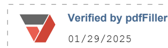
If your child has a known allergy, please fill out the **Medical Condition Emergency Care Plan** below.

If your child requires the use of prescription medication for a medical condition and/or other medications, please fill out and sign the additional forms enclosed as appropriate:

1. **Medication Log(s)** – one per medication
2. **Hold Harmless Agreement** for administering prescription medication(s)

ALL the forms must be submitted for your child's registration to be accepted and your child's placement confirmed in our program. Please let us know if you have any questions or concerns.

Thank you,



Ana Fischer

Executive Director

PARENTAL ACKNOWLEDGEMENT

- ☐ I agree and understand that by completing and signing these forms my electronic signature is the legal equivalent of my manual/handwritten signature.

____________________________ Parent Signature

____________________________ Date

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MEDICAL CONDITION EMERGENCY CARE PLAN

Child's Name: ______________________________ **Date of Birth:** ______________

MEDICAL CONDITION: ____

Please give a brief description of your child's medical condition and the steps you would like school personnel to take in case of an emergency with your child.

Description: ____

____

____

____

Action To Be Taken:

1. ____

2. ____

3. ____

4. ____

5. ____

6. ____

7. ____

8. ____

____________________________ ____________________________

Parent Signature **Date**

____________________________ ____________________________

Physician Signature **Date**

EMERGENCY CONTACTS – CALL 911

Parent/Guardian's Name: ____________________ **Phone Number:** ______________

Physician's Name: ________________________ **Phone Number:** ______________

OTHER EMERGENCY CONTACTS:

Name/ Relationship: ________________________ **Phone:** ________________

Name/ Relationship: ________________________ **Phone:** ________________

Name/ Relationship: ________________________ **Phone:** ________________

MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

Page ______ of ______

Child's Name: ______________________ Medication: ______________________

☐ Prescription ☐ Non-Prescription Refrigeration Required: ☐ YES ☐ NO

If Prescription, Prescriber's Name: ______________________ Telephone: ____________

Dosage Amount: ____________ Time to Administer: ______ a.m. ______ p.m. ______ times/day

Dates for Administration: From ____________ (Date) To ____________ (Date)

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

____

____

I give permission to administer medication to my child as stated above.

______________________________ Parent Signature ______________ Date

FACILITY STAFF COMPLETE THIS SECTION				
Date Administered (mm/dd/yyyy)	**Time Administered (a.m. / p.m.)**	**Amount of Medication Administered**	**Comments/Reactions**	**Staff Initials**

This information is confidential and may not be shared or released without the parent's written permission.

MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

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____ ____________________
Parent Signature Date

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HOLD HARMLESS AGREEMENT

for the administration of prescription medication(s)

We, (parent) _________________________ and (parent) _________________________ and natural guardians of our daughter/son, (child) _________________________, hereby authorize Saint Matthew Christian Nursery School, its agents and employees, to administer to (child) _________________________ the prescription medication(s) as directed by the **Medical Condition Emergency Care Plan** hereto attached.

We hereby hold harmless Saint Matthew Christian Nursery School, its agents and employees for the administering of the same both in our own right and as parents and natural guardians or legal guardians of (child) _________________________.

- ❑ I agree and understand that by completing and signing this form my electronic signature is the legal equivalent of my manual/handwritten signature.

___________________________________ ___________________________________

Parent Signature Date

___________________________________ ___________________________________

Parent Signature Date